MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09062 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland X
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Mi. So. Oakland X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland X
STREET ADDRESS (If rural give location) 6 Mi. So. Oakland

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Schrock (Last) Beachy

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9/26/1887.

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Schrock

14. MOTHER'S MAIDEN NAME: Amanda Yoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Noah C. Beachy R. D. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Chronic Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cause unknown

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6, 1953, to 7, 1953, that I last saw the deceased alive on 7, 1953, and that death occurred at 6:20 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Wenzil M.D. ADDRESS Oakland Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/19/1953

NAME OF CEMETERY OR CREMATORY Schlabach Cemetery

LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 9/19/53

REGISTRAR'S SIGNATURE Julia A. Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

VS-A15

RECEIVED
OCT 2 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

09068

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mill Run X
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY 35-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh 36, Pa.
STREET ADDRESS (If rural, give location) 4713 Norma Drive.

3. NAME OF DECEASED (Type or Print) (First) ELZIE (Middle) (Last) BECHTEL
4. DATE OF DEATH (Month) Sept (Day) 4 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-16-75
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Book-keeper
11. BIRTHPLACE (State or foreign country) Wooster, Ohio 32
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Tillman Bechtel
14. MOTHER'S MAIDEN NAME Magdalene Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 172-20-7013
17. INFORMANT AND ADDRESS Ada R. Bechtel - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Few Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer — 1 yr.

19a. DATE OF OPERATION 0 none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Thomas J. Lusby M.D. (Degree or title) Acting Med. Exam ADDRESS Oakland, Md DATE SIGNED 4 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-8-53
NAME OF CEMETERY OR CREMATORY Jefferson Memorial Park
LOCATION (City, town, or county) Pittsburgh Pa (State)

DATE REC'D BY LOCAL REG. Sept 4, 1953
REGISTRAR'S SIGNATURE Kathryn Fike
24. FUNERAL DIRECTOR H. B. Rishebarger ADDRESS Addison Pa

RECEIVED
OCT 6 1983
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09069

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakla nd X
LENGTH OF STAY (in this place) 15 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Mi So Oakland, Md. Route # 219 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland X
STREET ADDRESS (If rural give location) 10 Mi. So. Oakland, Route #219

3. NAME OF DECEASED: (Type or Print) (First) McClelland (Middle) -- (Last) Bennett

4. DATE OF DEATH (Month) Sept. (Day) 10, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7/22/1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): West Virginia 45
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Bennett
14. MOTHER'S MAIDEN NAME: Annias Bennett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: Mrs. Mabel Cassady R. D. Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Cardiac Failure	48 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO Auricular Fibrillation	4 mos
	(b) DUE TO Sclerotic Heart Disease	yrs.
	(c) Senility	yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1953, to 9-10, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 4:30 P M, from the causes and on the date stated above.
SIGNATURE (Degree or title) Homer H. Fenton, Jr. M.D. ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 9-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/13/1953
NAME OF CEMETERY OR CREMATORY Accident Community Cem.
LOCATION (City, town, or county) (State) Horse Shoe Run, W. Va.

DATE REC'D BY LOCAL REGISTRAR 9/13/1953
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09070

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Third Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, X
STREET ADDRESS (If rural give location) 119 Third Street

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Krause (Last) Bittinger
4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 12/4/1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Krause
14. MOTHER'S MAIDEN NAME: Margaret Georg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Harry Bittinger Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Cerebral Vascular Accident	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	10 yrs
	DUE TO (c) Sclerotic Heart Disease and Obesity	Yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1949, to 9-13, 1953, that I last saw the deceased alive on 9.13, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.
SIGNATURE James H Feaster Jr. (Degree or title) M.D. ADDRESS 582-1 St. Oakland Md DATE SIGNED 9.14.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/16/1953
NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery
LOCATION (City, town, or county) (State) Accident, Md.

DATE REC'D BY LOCAL REGISTRAR 9/16/1953
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09071

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Avilton

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Avilton

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) William Andrew George (Middle) (Last) Hetz

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-7-1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): U.S.A. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hetz

14. MOTHER'S MAIDEN NAME: Martha Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Thomas W. Hetz R.D. I Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Possible primary site - Stomach — 12/52 → 9/53

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia, Malnutrition

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 19.53, to 9/19, 19.53, that I last saw the deceased alive on 9/19, 19.53, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE John C Deeds (DEGREE OR TITLE) M.D ADDRESS 134 E Main St Frostburg Md DATE SIGNED 9/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-24-1953

NAME OF CEMETERY OR CREMATORY: Saint Anns

LOCATION (City, town, or county) (State): Rural Avilton Md

DATE REC'D BY LOCAL REG. Sept 23/53

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 111

M

1. PLACE OF DEATH:
COUNTY Garrett Crellin MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Fuller (Last) Lewis,

4. DATE OF DEATH: (Month) (Day) (Year) 9/14/1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/9/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Watchman
11. BIRTHPLACE (State or foreign country): Newburg, West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathon F. Lewis,
14. MOTHER'S MAIDEN NAME: Sue Ann Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-9050
17. INFORMANT & ADDRESS: Theodore Lewis, Crellin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 33/X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 mo

DUE TO

Antecedent cause(s) (b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Sept., 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE E. J. Baumgartner (DEGREE OR TITLE) M D ADDRESS Oakland Md DATE SIGNED 9/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/17/1953
NAME OF CEMETERY OR CREMATORY Kimmel Cemetery
LOCATION (City, town, or county) (State) Near Swallow Falls, Md.

DATE REC'D BY LOCAL REG. 9/17/53
REGISTRAR'S SIGNATURE Julia A Roman LR
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-52

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 Second St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
STREET ADDRESS (If rural give location) 146 Second St.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) McCormick (Last) Morgan

4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/17/1854

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob B. McCormick

14. MOTHER'S MAIDEN NAME: Elizabeth Baumgartner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Mrs. Lena Fleegle Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 4 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Marked Sclerotic Heart Disease — 10 yrs

DUE TO (c) Senility

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1949, to 9-16, 1953, that I last saw the deceased alive on 7-16, 1953, and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Foster, Jr. M.D. ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 9-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/20/1953 NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery LOCATION (City, town, or county) (State) Terra Alta, W. Va.

DATE REC'D BY LOCAL REGISTRAR 9/20/53 REGISTRAR'S SIGNATURE Julia A Rower L R

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

RECEIVED

UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09074

CERTIFICATE OF DEATH

Reg. Dist. No. 16-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT X
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) WALTER (Last) SCHROYER

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 2 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: 12-11-1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: SCHROYER, JOHN WESTLEY

14. MOTHER'S MAIDEN NAME: SWITCHER, NANDA JANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RD#1 Miss May Schroyer, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Myocardial Infarction, Anterior and Posterior — 48 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Sclerotic Heart Disease — yrs
DUE TO
(c) Obesity — yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John N. Sentz, Jr. M.D 58 and 54 Oakland Md 9-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept 5-1953 — NAME OF CEMETERY OR CREMATORY Accident — LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REG. 9/5/1953 — REGISTRAR'S SIGNATURE Julia A Lowman LR

24. FUNERAL DIRECTOR Emory Bolden — ADDRESS Oakland Md

VS. A15 8-53

RECEIVED
SEP 14 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09075

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place): 3½ Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EVANS NURSING HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gorman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WASHINGTON (Last) VANN
4. DATE OF DEATH: (Month) SEPT. (Day) 14, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 25, 1881
9. AGE last birthday: 72 yrs. — If under 1 year: Months 5 Days 19 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired mine r
10b. KIND OF BUSINESS OR INDUSTRY: Coal mines
11. BIRTHPLACE (State or foreign country): Shannadoah Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Tobias Vann
14. MOTHER'S MAIDEN NAME: Fannie Sine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Caroline Powell, 400 Linganore, Ave Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Acute Myocardial Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage with right

(c) sided paralysis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Venous Ulcers of both legs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Sept 14, 1953, that I last saw the deceased alive on Sept. 17 1953, and that death occurred at 10:20P. DST m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandella (Degree or title) MD — ADDRESS: Kitzmiller, Md — DATE SIGNED: Sept. 15-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/17/53 — NAME OF CEMETERY OR CREMATORY: Pope Cemetery — LOCATION (City, town, or county) (State): Gorman, Garrett Co., Md.

DATE REC'D BY LOCAL REG.: 9/22/53 — REGISTRAR'S SIGNATURE: Julia Rowan mnt. — 24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. — ADDRESS:

RECEIVED
SEP 22 1953
BUREAU V. S.